

**DEPARTMENT OF HEALTH SERVICES**

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May 29, 1998



TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All County CalWORKs Program Specialists

Letter No.: 98-24

**TRANSITIONAL MEDI-CAL (TMC) INFORMATIONAL FLYER**

The purpose of this letter is to inform counties of TMC activities required as a result of recent state legislation.

**Background**

Prior to the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, TMC was a Medi-Cal program that provided no-cost continuing Medi-Cal benefits to persons who received Aid to Families with Dependent Children (AFDC) for three of the last six months prior to termination from aid for increased hours or earnings from employment. In California, TMC also included those who are terminated from AFDC because the spouse returned to live in the home.

Section 1931(b) of PRWORA changed the TMC eligibility requirements. TMC is now linked to persons who met the AFDC program eligibility requirements as they existed on July 16, 1996, for three of the last six months prior to termination from aid for employment-related reasons. Persons who meet these criteria will be referred to as Section 1931 persons.

**1931(b) Requirements**

The Section 1931 program will cover both California Work Opportunity and Responsibility to Kids (CalWORKs) recipients and non CalWORKs recipients (Section 1931-Only beneficiaries). Counties will begin determining whether new Medi-Cal applicants and those terminated from (CalWORKs) meet the requirements of the 1931(b) program as soon as the procedures have been distributed. In the interim, counties have been advised to place persons terminated from CalWORKs into Aid Code 38 (Edwards v. Myers), 3C, or another zero share of cost aid code to ensure that Medi-Cal would continue until a determination could be made.

**TMC**

TMC is only available to those persons discontinued from Section 1931 due to employment related reasons. Therefore, a family discontinued from CalWORKs needs to be evaluated for ongoing Section 1931. If this family is not eligible for Section 1931 due to employment related

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reasons, they will be determined for TMC eligibility. Since CalWORKs recipients are not terminated for an increase in hours of employment, TMC will only be available to those principal wage earners or caretaker relatives (as defined by Medi-Cal) who are terminated for an increase in earnings from employment and to those who are terminated because the spouse returned to the home. Earnings from employment must be from actual wages of employment rather than from other income, such as State Disability Insurance or unemployment insurance.

#### Senate Bill (SB) 391

SB 391 amended the Welfare and Institutions (W&I) Code to require the Department of Health Services (DHS) to implement certain informing provisions in the TMC program. The first informing provision was to be implemented May 18, 1998.

Section 14005.76 of the W&I Code now requires that:

- o A written TMC notice be given to CalWORKs and non-CalWORKs (Section 1931-Only) recipients at the time that Medi-Cal eligibility is conferred and every six months thereafter.
- o The above notice and new TMC form is to be provided to recipients when they are terminated from CalWORKs or Section 1931-Only for failure to meet reporting requirements.

Other requirements of SB 391 which do not require a federal waiver include community outreach, providing TMC information through organized health systems, monitoring participation rates and conducting an independent evaluation will be implemented by the Department of Health Services prior to January 1, 2001. An approval of a federal waiver to change certain existing TMC procedures such as less frequent reporting is not anticipated.

#### TMC Flyer

DHS has contracted for the design of a preliminary flyer. Included on the back of this flyer are questions that the CalWORKs and Section 1931-Only beneficiary can answer if he/she has secured employment. The form is to be returned to the county to determine Section 1931 and TMC eligibility. This flyer will be given to those approved for CalWORKs or the Section 1931-Only program and every six months thereafter. This form will also be provided to those who are terminated from those programs for failure to report. A copy of this preliminary flyer is enclosed for your information and distribution. An updated version will be provided to counties once a permanent design has been selected.

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Automation of the TMC Flyer

Work is underway to incorporate the flyer into the Statewide Automated Welfare System Rights and Responsibilities (SAWS 2) and the DHS Data Systems Branch to automate this flyer for issuance to all CalWORKs and Section 1931 persons every six months and when those persons fail to return the monthly status reporting forms (CW 7 or SAWS 7); however, the process will not be completed for approximately three months.

Interim County Requirements

Counties will be immediately required to photocopy and distribute the enclosed flyer at the time of initial CalWORKs or Section 1931 approval until it is incorporated into the SAWS 2 and also distribute this flyer for the next several months to all persons who were terminated for failure to report. This can be accomplished by any method that is most convenient. The back of the flyer has a space for your county address which we are requesting that you provide. Prior to completion of the automation process, we will contact you so that we can automate your preferred return address into the system.

Status of the Two-Year TMC Waiver

As we previously discussed in All County Welfare Directors Letter No. 96-50, we have not received federal approval of our waiver to expand the TMC program to two years nor do we anticipate approval in the near future; therefore, the program will remain the same (six months of initial TMC in Aid Code 39, and six additional months of TMC in Aid Code 59).

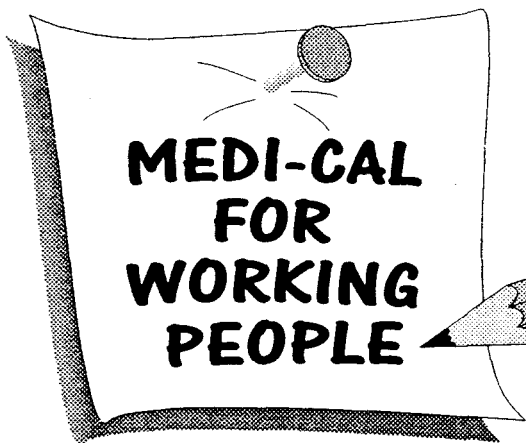
If you have any questions, please contact Margie Buzdas of the Medi-Cal Eligibility Branch at (916) 657-0726, or Elizabeth Allred of the CalWORKs Program Branch at (916) 657-3350.

Sincerely,

ORIGINAL SIGNED BY  
ROBERTO MARTINEZ for  
Joseph A. Kelly, Chief  
Medi-Cal Policy Division  
Department of Health Services

ORIGINAL SIGNED BY  
BRUCE WAGSTAFF  
Bruce Wagstaff  
Deputy Director  
Welfare to Work Division  
Department of Social Services

Enclosure



**Transitional Medi-Cal or TMC** is for

California families who lose cash aid and Medi-Cal (or who would have been eligible for cash under old rules) but are no longer eligible because of higher earnings from work. If you are the principal earner or caretaker and get a job or your job pays you more money, you may get no-cost Medi-Cal for up to 12 months.

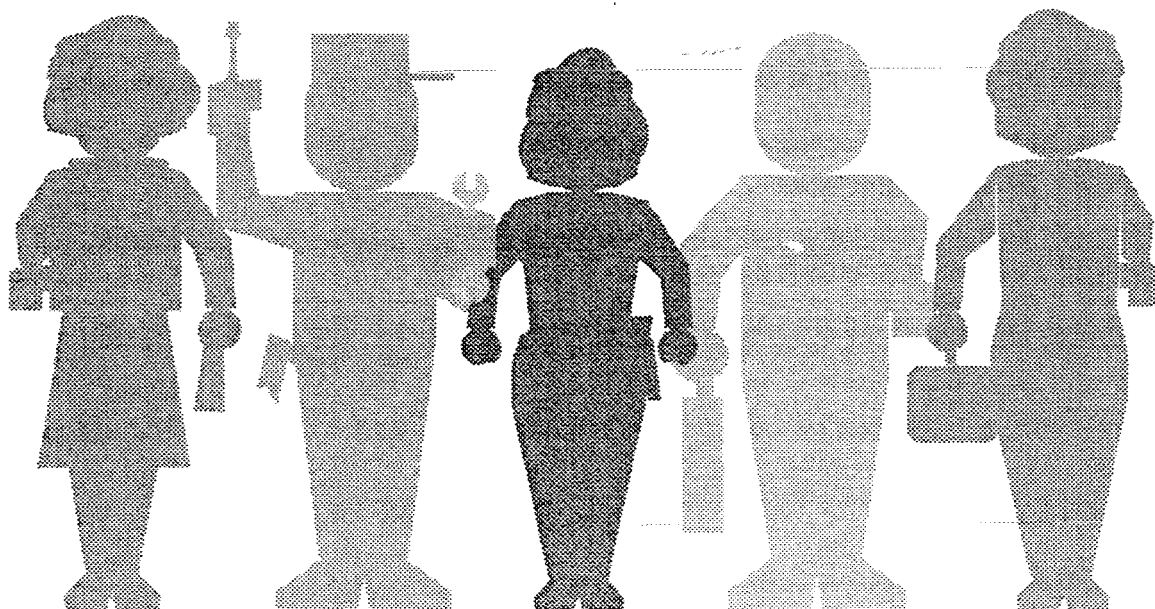
To get the first 6 months of **TMC**, you must:

- ☒ have a child in the home.

To get the second 6 months of **TMC**, you must also:

- ☒ continue to work, and
- ☒ earn under a certain amount.

Be sure to let your worker know if you get a job or have more earnings from your job. You can do this by filling out and returning the form on the back of this flyer to your county welfare department.



TRANSITIONAL MEDI-CAL

Did you go off Medi-Cal or cash aid because you got a job?

If you got money from a job, please answer the questions below and attach pay stubs or other proof of earnings. Please include tips or income in-kind, such as earned housing. If self employed, list business costs on a separate sheet of paper and attach proof of income and costs. Please return this form to:

Please type or print clearly.

Name	TOTAL HOURS WORKED IN REPORT MONTH:	DATE PAID: MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY
Employer/source		GROSS AMOUNT: \$	\$	\$	\$	\$
Name	TOTAL HOURS WORKED IN REPORT MONTH:	DATE PAID: MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY
Employer/source		GROSS AMOUNT: \$	\$	\$	\$	\$
Name	TOTAL HOURS WORKED IN REPORT MONTH:	DATE PAID: MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY
Employer/source		GROSS AMOUNT: \$	\$	\$	\$	\$

Did your family have any other changes, such as someone moved in or out of the house or was married, divorced, or became pregnant? ☐ Yes ☐ No If yes, please explain:

If you can't read this notice, ask your worker for a translation.

- Spanish:** Si no puede leer esta notificación, pídale a su trabajador que se la traduzca.
- Khmer:** បើសិនជាលោកអ្នកមិនយល់សេចក្តីប្រកាសនេះទេ សូមសាកសួរអ្នកសេចក្តីបកប្រែពីអ្នកកាន់សំណុំរឿងរបស់លោកអ្នក ។
- Chinese:** 假如你看不懂這份通知，可以要求你的工作人員幫助你翻譯。
- Russian:** Если Вы не можете прочитать и (или) понять это извещение, попросите Вашего работника перевести.
- Vietnamese:** Nếu quý vị không biết tiếng Anh để hiểu nội dung thông báo này, hãy xin nhân viên phụ trách tìm người dịch giúp cho quý vị.

declare under penalty of perjury that all information provided is true and correct.

Signature	Date	Telephone number	Social Security number
		( )	
Address (number, street)		City	ZIP code
Signature of witness, interpreter, or person assisting		Date	Telephone number
			( )